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A circular black ink stamp. The text "OIPÉ JCI 174" is curved along the top inner edge. The text "PATENT & TRADEMARK OFFICE" is curved along the bottom inner edge. In the center, the date "MAR 04 2005" is stamped horizontally.

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/828,159	04/09/2001	Toshiya Uemura	P 280087 T36-133137M/KOH	7726

TITLE OF INVENTION: LIGHT-EMITTING APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	03/15/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
LEE, EUGENE		2815	257-098000		

- | | | |
|---|--|---|
| <p>1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</p> <p><input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</p> <p><input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</p> | <p>2. For printing on the patent front page, list</p> <p>(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,</p> <p>(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.</p> | <p><u>McGinn & Gibb, PLLC</u></p> <p>2 _____</p> <p>3 _____</p> |
|---|--|---|

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Toyoda Gosei Co., Ltd.

Nishikasugai-gun, Aichi, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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4b. Payment of Fee(s):

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☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 5

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Deposit Account Number 50-0481 ~~enclose an extra copy of this form.~~

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

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Date _____

Typed or printed name Phillip E. Miller

Registration No. 46,060

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